Pynchon (Ed.)

The Absolute and Permanent Cure of Tonsillitis

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THE ABSOLUTE AND PERMANENT CURE OF

TONSILLITIS.*

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THE patient who is subject to attacks of acute tonsillitis may be metaphorically compared with one above whose head is hanging a sword, like that of Damocles, suspended by a single hair. When the sword may fall, or when the next acute exacerbation of the chronic tonsillar inflammation is to manifest itself, are both to be numbered among the possibilities which may be looked for at any time.

Acute tonsillitis is a manifestation signifying the presence of a diseased condition of the faucial tonsils, wherein some degree of hypertrophy exists, and from the follicles of which, during the intervals of quiescence, is constantly exuding a cheesy excretion which contains pyogenic germs, pus cells and other deleterious matter, the daily swallowing of which is detrimental to the patient's health. Whenever from

*Reprinted from the Alkaloidal Clinic of October, 1897.

exposure or other cause the openings of one or more of the follicles become clogged, there follows a retention of the excretion alluded to, accompanied by inflammation which rapidly extends until the whole tonsil is involved and often until both tonsils are affected. As a result of the inflammatory action there may occur an escape of the pent-up excretion from the follicles, constituting follicular tonsillitis, or it may escape backward into the cellular tissue at the base of or about the tonsil, when it develops into a peri-tonsillar abscess known as quinsy.

During the acute attack the treatment is largely antiphlogistic, and not until the inflammation has fully subsided can steps be taken toward the prevention of any future recurrence. In fact, the preferable time for operation is when the patient's throat is at its best.

Without wishing to enter into any discussion as to the possible physiological use of the tonsils, as the opinions of the different investigators have often diametrically opposed each other on this subject, I may say, after extensive observation, that in no case after their most thorough removal has the patient seemed to suffer any harm or inconvenience whatever, beyond the annoyance incident to the operation, but, on the contrary, has thereafter enjoyed immunity from further recurrent

attacks of acute tonsillar inflammation, and furthermore, incidentally, an improvement of the general health, which has often been quite marked.

Connected with no other structures in the human economy are there to be found so many myths. The good old family physician of by-gone days has disseminated so many fallacious theories as to the unadvisedness of having tonsils removed, that in the present day many of his converts are still to be met with who are willing to believe that dire danger lurks in any operation for tonsillotomy. Arguments will be advanced that the loss of the tonsils may cause a permanent loss of the singing voice; that the tonsils are valuable bulwarks in giving protection against lung troubles, and some have even earnestly claimed that the loss of the tonsils will cause impotence as surely as will castration. It is needless to say that these claims enumerated, and all others of the same ilk, are thoroughly puerile and groundless. The removal of a diseased tonsil is as clearly indicated as is the removal of a sarcomatous mammary gland.

The exact cause of hypertrophy of the tonsils is not clearly known. In the history of the case we will generally find that the patient has had either scarlet fever, diphtheria, whooping cough, measles or rheumatism. Associated with this con-

dition of the faucial tonsils will be observed a tendency to hypertrophy of other lymphoid tissue. In olden times scrofula was considered a cause, but, through observations of recent years, we now know that so-called scrofula is far more liable to be the effect than the cause.

Chronic tonsillar disease begins as a hyperplasia in the connective tissue, such being the condition always met with in early life. Such tonsils are usually smooth, hard bodies, projecting beyond the faucial pillars and often touch each other when the throat is at rest, being to all intents and purposes foreign bodies which tend mechanically to induce mouth-breathing, and results secondary thereto, as ear troubles, irregular teeth, and flat-chest or pigeon-breast due to embarrassed respiration. Night-terrors and enuresis are often observed. The voice frequently has a nasal twang, due in part to adenoid enlargement, which so often accompanies the enlargement of the tonsils. The general health is impaired and a clinical picture presented which in by-gone days was labeled "scrofula." There is no operation in the whole domain of surgery which gives such brilliant results as does the absolute removal, so far as possible, of such lymphoid tissue, so as to permit a return of the power of normal nasal respiration.

When not surgically removed Nature attempts the task, through her method is tedious and faulty, as follows: Gradual absorption of the hyperplastic element, requiring from ten to fifty years or longer (the writer has seen one patient at seventy in whom this absorption was still progressing), while, at the same time, there is taking place a relative hypertrophy of the follicular element, accompanied by a low grade of chronic inflammation which causes the continuous formation and discharge of the cheesy excretion already alluded to, and which, by being swallowed, tends to induce dyspepsia and constipation. In this condition of the tonsil, during the tiresome transformation, it may, for the want of a better name, be called the "small diseased tonsil," and may become reduced to a very small size and still be of great pathological importance. Tonsils of this variety are often found to be adherent to the pillars, particularly the anterior pillar, and the pillars are also prone to being more or less thickened, the tonsil itself becoming thereby submerged. In fact the two pillars and tonsil on either side quite often form an agglutinated hypertrophied mass, which is thrown out well toward the median line when the patient is made to gag, and thus reveals the numerous and uninviting follicles and lacunæ.

Acute attacks of tonsillitis may come on

so long as the hyperplastic condition exists wholly or in part. As this decreases so does the likelihood of acute conditions of inflammation. At all times the diseased tonsil, whether enlarged or not, is a menace to vocalists, causing hoarseness and an unreliable voice. While not usually so regarded, it is a fact that an acute attack of tonsillitis may endanger the life of the patient. Several times therefrom has occurred an œdema of the glottis, which has proven fatal.

For all these conditions enumerated, depending upon enlargement or degeneration of the tonsils, a positive cure can be guaranteed. No other condition of like importance in the whole domain of medicine is any more amenable to absolute cure than is this condition being considered, and the only rational treatment is surgical, viz.: the thorough and total ablation of all hypertrophied or diseased follicle-bearing tissue. In early childhood, when hyperplasia is the prominent element of the mal-condition, ordinary tonsillotomy is quite satisfactory, though there is often left a base which should subsequently be destroyed by ignipuncture. Adhesions to the pillars, so commonly met with in adult life, are occasionally found in children, and, when so found, should be broken up before the tonsillotomy is attempted. In later years, from puberty on, when the

tonsils found are generally of the variety described as the "small diseased tonsil," the only treatment which in the writer's practice has proven uniformly successful, is tonsillotomy by "electro-cautery dissection."*

From a financial standpoint only, it might be argued that by radically curing such chronic tonsillar conditions as induce acute tonsillitis, one's business would be lessened. It must be acknowledged that the general practitioner having on his books one hundred good paying patients, who are subject to recurrent attacks of tonsillitis, has, from them alone, a good income regardless of his other business, and that more revenue may be had by pacifying the attacks of inflammation from time to time as they occur than could be had for performing a positive cure in each individual case.

The writer does not indorse such argument, and believes that a second attack of acute tonsillitis is unwarrantable, if the patient will acquiesce to the taking of the radical steps required. With a knowledge of the many ways in which diseased tonsils are detrimental to the patient's well-being and good health, it is the duty of the attending physician to be emphatic in his advice that no treatment short of absolute

* Journal of the Amer. Med. Assoc. Nov. 22, 1890. The Laryngoscope, Feb., 1897.

removal or total destruction should be for a moment considered.

It will often be found that the tonsils are at fault, and the cause of a train of troubles without the patient suspecting it, and without any history of acute inflammatory action. A chronic pharyngitis with post-nasal catarrh will often vanish after thorough removal of the small diseased tonsil, and, even at times, the same may be said of a hyperemic condition of the anterior nares. Logic would not have caused the expectation of this latter result, though in practice it has several times proven true when other causes in the nares did not exist.

Conclusions. When to operate:

In children, whenever the hyperplastic tonsil is met with as a mechanical impediment, and particularly when any of the symptoms are observed which have been previously enumerated in the description of this condition, operate with tonsillotome and follow if necessary with ignipuncture.

In children after puberty, and in adults, when tonsils either enlarged or diseased (whether large or small) are met with, which latter are evidenced by any of the symptoms enumerated while describing the small diseased tonsil, operate by "electro-cautery dissection."

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